COMPTROLLER OF MARYLAND CENTRAL PAYROLL BUREAU

PAYROLL ADDRESS FORM

Please print or type all information This form must be filled in BLACK INK for electronic imaging

Agency Number	Social Security Number	Employee Name

Payroll System (check one)	Name of Employing Agency
RG CT UM	

New Address					
Address Continued (if needed)					
City and State		Zip Code			
County of Residence - Required	CPB use only				

Note: The address provided above will be your official payroll address while you are employed by this state agency. If you change your address a new Payroll Address Form must be filed with Central Payroll Bureau. If you have any questions regarding this form please contact Central Payroll Bureau (410) 260-7401.

Date

Employee signature

Day telephone number

Send completed form to Central Payroll Bureau P.O. Box 2396 Annapolis, Maryland 21404